

PEDIATRIC INTERFACILITY TRANSFER FORM

DATE:		AGE:		MEDICAL RECORD NUMBER #					
DIAGNOSIS:									
ARRIVAL MODE TO THE ED: PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input type="checkbox"/>									
ASSESSMENT PRIOR TO THE TRANSFER:									
CNS		RESPIRATORY STATUS		CARDIOVASCULAR		MUSCULOSKELETAL		VITAL SIGNS	
ALERT	Y/N	INTUBATED	Y/N	I/V	Y/N	CERVICAL COLLAR	Y/N/NA	B/P	
CONSCIOUS	Y/N	TRACHEOTOMY	Y/N	I/O	Y/N	BACK BOARD	Y/N/NA	PULSE:	
GLASGOW COMA SCALE ()		CRICOTHYROTOMY	Y/N	CENTRAL LINE	Y/N	EXTREMITY:		RESP RATE:	
		PULSE OXIMETER	Y/N						
A V P U		OXYGEN: L BVM/NC/MASK		OTHER:		OTHER:		TEMP:	
MODE OF TRANSPORT: AMBULANCE <input type="checkbox"/> AIR TRANSPORT <input type="checkbox"/> OTHER (SPECIFY)									
LEVEL OF PROVIDER TRANSPORT: BLS <input type="checkbox"/> ILS <input type="checkbox"/> ALS <input type="checkbox"/>					ACCOMPANIED BY: MD <input type="checkbox"/> RN <input type="checkbox"/> OTHER <input type="checkbox"/>				
RECEIVING FACILITY:									
RECEIVING MD:					SENDING MD:				
REASON FOR TRANSFER: <div> 1. NEED FOR HIGHER LEVEL OF CARE <input type="checkbox"/></div> <div> 2. NEED FOR SPECIALTY CARE <input type="checkbox"/></div> <div> 3. FAMILY/MD REQUEST <input type="checkbox"/></div> <div> 4. INSURANCE <input type="checkbox"/></div>					5. OTHER (EXPLAIN)				
					YES	NO	N/A	COMMENTS	
PRIVATE MD NOTIFIED?									
CONSULTATION WITH TERTIARY CARE CENTER?									
TRANSFER SHEET DOCUMENTATION COMPLETED?									
IS TOTAL TIME IN ED < 3 HOURS? IF NOT, PLEASE COMMENT.									
CONDITION OF PATIENT AT TIME OF TRANSFER DOCUMENTED?									
Patient belongings given to family member for transfer to receiving institution.									
Fam given directions to receiving hospital and accepting MD name and contact information									

INSTRUCTIONS FOR COMPLETING THE PEDIATRIC INTERFACILITY TRANSFER FORM

CENTRAL NERVOUS SYSTEM ASSESSMENT:

- Glasgow Coma Scale – see attachment
- A V P U is a level of consciousness assessment
 - A = Alert
 - V = Responds to verbal stimulus
 - P = Responds to painful stimulus
 - U = Unresponsive to any stimulus

RESPIRATORY STATUS:

- Begin with assessing if respiratory system is stable or **not**.
- If **not**, answer yes or no to the four questions. Indicate how much oxygen is being administered and whether by bag valve and mask (BVM), nasal cannula (NC), or mask

CARDIO-VASCULAR ASSESSMENT:

- Indicate vascular access as either: intravenous, intraosseous, central line or other.

VITAL SIGNS:

- Last vitals before transfer

DESIGNATED CHILD LIAISON:

- A specific person who is designated to stay with the child throughout the entire emergency room stay, including moves to radiology etc. Some hospitals designate a respiratory therapist, a chaplain, a social worker. Indicate whether someone met this role and what their background was.

TOTAL TIME IN ED:

- Time from arrival until transfer departure

MODIFIED GLASCOW COMA SCALE

FOR INFANTS/CHILDREN

ACTIVITY BEST RESPONSE

Eye Opening:

Spontaneous.....	4
To Speech.....	3
To Pain.....	2
None.....	1

Verbal:

Coos, Babbles.....	5
Irritable.....	4
Cries to Pain.....	3
Moans or Grunts to Pain.....	2
None.....	1

Motor:

Normal Spontaneous movements.....	6
Withdraws to Touch.....	5
Withdraws to Pain.....	4
Abnormal Flexion (decorticate).....	3
Abnormal Extension (decerebrate).....	2
None.....	1

GLASCOW COMA SCALE

EYE RESPONSE

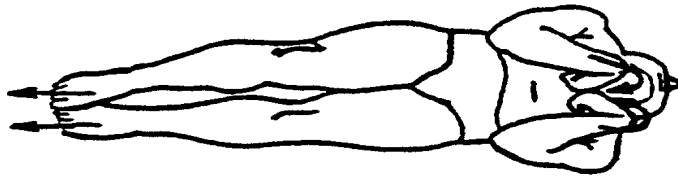
- Automatic (opens eyes spontaneously).....4 _____
- To voice (opens eyes when told to do so).....3 _____
- To pain (opens eyes only to painful stimulus).....2 _____
- None (does not open eyes to any stimulus).....1 _____

VERBAL RESPONSE (Asked "what year is this? or other age appropriate question)

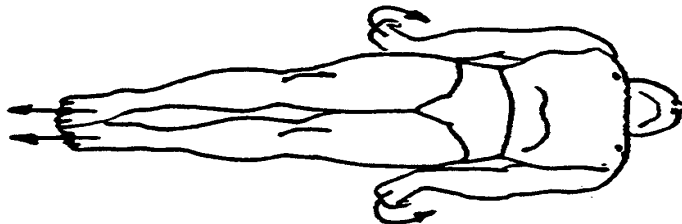
- Understands (tells you correct year or other correct answer).....5 _____
- Confused (tells you correct year or other correct answer).....4 _____
- Inappropriate reply (random reply).....3 _____
- Unintelligent sounds (incomprehensible, moans).....2 _____
- None (no verbal response).....1 _____

MOTOR RESPONSE

- Obeys verbal direction (shows two fingers when asked).....6 _____
- Controlled movements (points to pain location).....5 _____
- Withdraws (moves away from painful stimulus).....4 _____
- Abnormal flexion (assumes a decorticate posture).....3 _____



- Abnormal extension (assumes a decerebrate posture).....2 _____



- None (no response, lies flaccid).....1 _____

TOTAL POINTS _____

Glasgow Coma Scale Range

